✪ _____ _____ _____ _____

LODESTAR CLIENT STATUS CHANGE FORM
Fill in date and use for status changes and/or for transfers to a different funding source or location # (see page 2)

❑ 1-AFLP ❑ 2-Cal-Learn ❑ 3-Other1 ❑ 4-Other2 ❑ 5-Sibling ❑ (6-9)-Other___ (3-6)

Client ID No. ___ ___ ___ ___ ___ ___ ___ ___ ___   **Case Manager** _____

Client Name _____   _____
                        First/Middle   Last

➜ **Change Status and/or Transfer Client As Of:** ___ / ___ / ___
                                                    MM / DD / YY

New Status

❑ **ACTIVE (No longer Exempt, Deferred, Ineligible or Terminated)**
   ❑ 1-AFLP ❑ 2-Cal-Learn ❑ 3-Other1 ❑ 4-Other2 ❑ 5-Sibling ❑ (6-9)-Other___ (3-6)

❑ **AFLP/SIBLING CASE MANAGEMENT TERMINATED** (Select reason)
   ❑ 1-Self sufficient, attained goals
   ❑ 2-Client voluntarily exited
   ❑ 3-No longer eligible
   ❑ 4-Moved - no case management transfer
   ❑ 5-Unable to locate/unresponsive
   ❑ 6-Case management unavailable
   ❑ 7-Death - index child
   ❑ 8-Death - client
   ❑ 9-Transfer to another funding source and/or location number
   ❑ 10-Other
   ❑ 11-Sibling became pregnant → → EDC of Index Child ___/___/___
   ❑ 77-New Case Manager → → → → Case Manager _____

❑ **WAIT-LISTED AFLP** (Select reason)
   ❑ 1-Active Wait List
   ❑ 2-Inactive Wait List

❑ **DEFERRED CAL-LEARN** (Select reason & enter date below)
   ❑ 1-Needs services temporarily unavailable
   ❑ 2-Case management not available
   ❑ 3-Has special need that precludes teen's ability to participate
   ❑ 4-Needs time to recover from childbirth

   Exemption/Deferral Review Date ___/___/___   ❑ Print Exemption/Deferral Notice

❑ **EXEMPT CAL-LEARN** (Select reason & enter date above)
   ❑ 1-Ill, injured, or physically unable to go to school
   ❑ 2-Expelled and no other school can be arranged
   ❑ 3-Cannot get child care or transportation
   ❑ 4-CalWORKs-foster care payment is made on behalf of teen parent
   ❑ 5-Support services unavailable (3 months or more)

❑ **INELIGIBLE FOR CAL-LEARN** (Select reason)   ❑ Print Ineligibility Notice
  ❑ 1-Turned 20
  ❑ 2-Graduated high school or equivalent
  ❑ 3-Child no longer in CalWORKs assistance unit
  ❑ 4-No longer getting cash aid
  ❑ 5-County Transfer
  ❑ 6-Erroneously referred to Cal-Learn
  ❑ 7-Age 19, chose not to continue to participate in the Cal-Learn Program
  ❑ 8-Age 19, not eligible to volunteer to continue participating in the Cal-Learn Program
  ❑ 9-Other_____
  ❑ 77-New Case Manager   →   →   Case Manager _____

Transfer Client to a Different Funding Source and/or Location Number

Pick One
  ❑ Transfer within this Location Number

  ❑ Transfer to a different Location Number (an agency, site or program that does not run Lodestar
                          or runs it on a different computer not networked to yours)

  If funding source after transfer is AFLP or Cal-Learn, enter new Location Number and Name:

  ___ ___ - ___ ___ ___   _____
      Location Number   Agency or Site Name

  Is case management slot assured?   ❑ **Y**ES   ❑ **N**O   ❑ **U**NSURE

Funding source after transfer
  ❑ 1-AFLP
  ❑ 2-Cal-Learn
  ❑ 3-Other1
  ❑ 4-Other2
  ❑ 5-Sibling
  ❑ (6-9)-Other___ (3-6)
  ❑ 0-None

❑ Print client transfer sheet

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